

**Nebraska Public Employees Retirement Systems**

1221 N Street, Suite 325

P.O. Box 94816

Lincoln, NE 68509

402-471-2053

800-245-5712

Fax: 402-471-9493

Name <small>Last First Middle</small>		Date of Birth <small>- -</small>	Plan Type <small>(Check One)</small>
Social Security Number <small>- -</small>		Retirement Number	<input type="checkbox"/> State <input type="checkbox"/> County
Address <small>City State Zip</small>			
Home Phone	Work Phone	Employer	

**State/County Cash Balance Voluntary Enrollment Form**

This form is provided to you as you may be eligible to enroll voluntarily in the Retirement Plan. Any permanent full-time or part-time employee who has a total of 12 months of service within a five-year period and has attained the age of 20 may participate in the plan on a voluntary basis. You may also be eligible to participate voluntarily if you have vesting credit from prior participation in another Nebraska governmental retirement plan. Participation **is required** for permanent employees who work one half or more of the scheduled hours in a pay period and have worked 12 continuous months.

The Plan is a Cash Balance Benefit. You contribute a percentage of wages on a pre-tax basis and your employer contributes a matching amount as set by statutes and outlined below. All contributions earn an "interest credit rate" equal to the federal mid-term rate plus 1.5%, with a guaranteed minimum rate of 5.0%. At retirement, death, disability or termination, you may leave the funds in the account, request that an amount be paid to you or rolled into another tax-deferred account or purchase an annuity.

**I voluntarily elect to participate in the Retirement Plan.**

With this election, I acknowledge the choice given to me in accordance with Neb. Rev. Stat. 84-1307(2). I understand that I will remain in the plan, regardless of any change in my employment status, until I terminate employment or retire.

Contribution Rates	
<u>Employee</u>	<u>Employer</u>
<i>State Plan</i> <ul style="list-style-type: none"><li>• 4.33% of compensation until \$864 has been contributed (\$19,954 in pay), then 4.8% on an annual calendar basis</li></ul>	<i>State Plan</i> <ul style="list-style-type: none"><li>• 156% match on all employee contributions</li></ul>
<i>County Plan</i> <ul style="list-style-type: none"><li>• 4.5% of compensation for non-law enforcement employees</li><li>• 5.5% for law enforcement officials (6.5% for Sarpy County law enforcement officials)</li></ul>	<i>County Plan</i> <ul style="list-style-type: none"><li>• 150% match on all employee contributions up to 4.5%</li><li>• For law enforcement officials, the above match plus an additional 1% of compensation (2% for Sarpy County law enforcement officials)</li></ul>

Check One: \_\_\_\_\_ **Enroll me as soon as possible**\_\_\_\_\_ **Enroll me effective** \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Employer \_\_\_\_\_ Date \_\_\_\_\_

BAR CODE